# Mental Hygiene Administration
## Public Mental Health System

### Explanation Codes For The Claims System

| EXPLANATION CODE | DESCRIPTION |
|---|---|
| 002 | ONE IP PHYS VISIT PER CONS PER DAY 99221-99239 |
| 003 | 1 PSYCH REHAB/SUPP HOUSE/MONTH |
| 004 | LIMITED TO 2 PER CALENDAR YR |
| 005 | 96100 LIMITED TO 8 HRS PER YR |
| 006 | PROC TBI SIMILAR OR RLTD PROC |
| 007 | 2 SCREENINGS/YEAR |
| 008 | HOSP VISIT NOT ALLOWED W/ 90862 ON THE SAME DATE |
| 009 | LIMIT 5 UNITS PER WEEK |
| 010 | ITT PLAN LIMITED TO 2 PER YR |
| 011 | 12 ALLOWED PER YEAR |
| 012 | POSSIBLE MULTIPLE THERAPY CONFLICT-MANUAL REVIEW |
| 013 | LIMIT OF 1 UNIT P/CALENDAR MONTH FOR H0040/T2023 |
| 014 | ONE THERAPY PER DOS AND NONE AT ALL W/ 90801 |
| 015 | SVC IS PAID ON A PER DIEM AND IS LTD TO ONE P/DOS |
| 016 | THERAPY SVCS ARE LIMITED TO ONE PER DOS (908XX) |
| 017 | THERAPY AND HOSP VISITS NOT ALLOWED FOR SAME DOS. |
| 018 | PROC IS LTD TO ONE P/MONTH, P/PROV EXC U1-CK DOS |
| 019 | POSS FRAGMENTATION W/ANOTHER CHARGE-MANUAL REVIEW |
| 022 | POSSIBLE DUPLICATE CHARGE IF SO, DENY |
| 024 | MULTIPLE ER VISITS ON SAME DOS NOT ALLOWED |
| 041 | ORCHIECTOMY 2/LIFETIME |
| 100 | CONVERTED SUSPENDED CLAIMS |
| 101 | EXACT DUPLICATE |
| 102 | POSSIBLE DUPLICATE |
| 103 | POSSIBLE DUPLICATE CONFLICT |
| 104 | POSSIBLE CONFLICT |
| 105 | INPATIENT DUP OF OUTPATIENT |
| 109 | COVERED BY SURGERY FOLLOW-UP |
| 110 | INVALID COMBINATION OF PROCS |
| 111 | VISIT AND SURGERY SAME DAY |
| 112 | SERVICE DATE CONFLICT |
| 113 | ADMISSION DATE CONFLICT |
| 115 | MISSING/INVALID DISCHARGE DATE |
| 117 | INVALID PROCEDURE MODIFIER |
| 118 | ANETHESIA UNITS OF SVC INVALID |
| 119 | TOOTH SURFACE INVALID |
| 120 | PAY TO PROVIDER MISSING |
| 121 | MOUTH QUADRANT DUPLICATE |
| 123 | DATE BILLED INVALID |
| 124 | INVALID DATE OF SERVICE |
| 126 | LAST DOS LESS FIRST DOS |
| 127 | LAST DOS AFTER BILLING DATE |
| 128 | CLM EXCEEDS 270 DAY FILE LIMIT |
| 129 | INVALID/MISSING CONSUMER ID |
| 130 | INVALID CONSUMER CHECK DIGIT |
| 131 | UNITS OF SERVICE ARE ZERO |
| 132 | SUBMITTED CHARGE MISSING |
| 135 | MISSING PROVIDER NUMBER |
| 136 | PROC INCOMPATIBLE WITH DIAG |
| 138 | TYPE OF BILL IS INVALID |
| 144 | LAST DOS AFTER DATE RECEIVED |
| 148 | REVENUE CODE MISSING |
| 150 | TPL AMOUNT CONFLICT |
| 151 | ATTENDING'S UPIN IS MISSING |
| 157 | DATE RANGE NOT ALLOWED ON OUTPATIENT CLAIMS |
| 159 | LINE ITEM EOB CODE INVALID |
| 160 | TOTAL CLAIM CHARGE CONFLICT |
| 162 | PCP MAST REC NOT ON FILE |
| 163 | DIAG. CODE MISSING/INCOMPLETE |
| 166 | MCARE DEDUCT GT ALLOWED DEDUCT |
| 167 | ADMIT DATE INVALID |
| 168 | XOVER CLAIM EXCEEDS 36 MONTHS |
| 169 | MEDICARE PAID AMOUNT IS ZERO |
| 170 | PLACE OF SERVICE MISSING |

**Mental Hygiene Administration**
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| EXPLANATION CODE | DESCRIPTION |
| --- | --- |
| 172 | PROC CODE MISSING OR INVALID |
| 175 | SURGERY DATE AFTER BILL DATE |
| 178 | CLAIM ACCOUNTING CODE INVALID |
| 179 | ACCT CODE/ADJUST AMT MISMATCH |
| 180 | ACCT CODE CONFLICTS ADJ AMT |
| 182 | PATIENT STATUS, BILL TYPE & DC INFO MUST AGREE. |
| 185 | ADMISSION DAY IS INVALID |
| 186 | TOTAL UNITS GT TOTAL DAYS |
| 187 | EOB CODE NOT ON FILE |
| 190 | 1ST SURGERY DATE/STAY CONFLICT |
| 191 | 2ND SURGERY DATE/STAY CONFLICT |
| 192 | 3RD SURGERY DATE/STAY CONFLICT |
| 193 | NEWBORN OCCUR DATE INVALID |
| 194 | INVALID SPANNED HDR DATES |
| 195 | MOUTH QUADRANT REQUIRED |
| 196 | FIRST PROCEDURE CODE MISSING |
| 197 | 1ST SURGICAL PROC DATE INVALID |
| 198 | 2ND SURGICAL PROC DATE INVALID |
| 199 | 3RD SURGICAL PROC DATE INVALID |
| 201 | CREDIT/ADJUSTMENT REQUIRES TCN |
| 203 | REFERRING PROVIDER MISS |
| 207 | SURG WITHIN FOLLOW-UP WO/MOD |
| 208 | CALC DAYS/BILLED DAYS NOT EQUA |
| 212 | NON-COV CHGS REQ'D FOR NON-COV DAYS- PROV TYPE 01 |
| 217 | ASC GROUP IND NOT ON FILE |
| 218 | NOT ALLOWED WITH ASC SERVICE |
| 221 | NO PCP RECORD EXISTS FOR DOS |
| 222 | TREAT NOT IN PCP GRP, SVC CAP |
| 223 | NO PCP - ALLOW GRACE PERIOD |
| 224 | ADJ. CLAIM AND ORIG. DIFFER |
| 226 | INVALID REFER PROVIDER |
| 227 | TRTNG PROV NOT CNTRCTD FOR DOS |
| 228 | NON-PARTIC PROVIDER |
| 229 | TREATING PROVIDER NOF |
| 230 | RQST PROV NOT MEM PCP |
| 231 | TREATING PROV NEF FOR DOS |
| 232 | INVALID AUTH CODE TYPE |
| 233 | CODE AUTHORIZED NOT ON FILE |
| 235 | AUTH PROV NOT ON FILE |
| 237 | MEDICARE COVERAGE IS PRESENT |
| 238 | 1ST CODE GREATER THAN LAST |
| 239 | UNITS APPVD GT RQSTD |
| 240 | DOLLARS APPVD GT RQSTD |
| 241 | MISSING TREATING PROV NBR |
| 242 | MISSING AUTHORIZED PROVIDER NO |
| 243 | MISSING TYPE CODE |
| 244 | REQUESTED UNITS MISSING |
| 245 | APPROVED UNITS MISSING |
| 247 | EDI ADJUSTMENT CLM, REVIEW TO FORCE PAY/ DELETE |
| 248 | INVALID AUTHORIZATION TYPE |
| 249 | INVALID CASE MGMT INDICATOR |
| 250 | MEMBER NOT ON FILE |
| 251 | MEMB NOT ON FILE 7 BSNS DAYS |
| 252 | INVALID AUTH PROVIDER TYPE |
| 254 | INVALID AUTH PROV SPECIALTY |
| 255 | MEMBER NOT ELIGIBLE PART B |
| 256 | INVALID IN/OUT OF PLAN IND |
| 257 | MEMBER ON REVIEW FOR PRICING |
| 259 | INVALID AUTH CATEGORY |
| 260 | INVALID CAT VS AUTH TYPE |
| 261 | AUTH CAT INV FOR AUTH TYPE |
| 262 | INVALID AUTH STAY TYPE |
| 263 | TPL ON MEMBR NONE ON CLAIM |
| 264 | TPL PAY AND CHASE |

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| EXPLANATION CODE | DESCRIPTION |
|---|---|
| 265 | TPL ON MEMB, NOT ON CLAIM |
| 266 | TPL ON CLAIM, NOT ON MEMB FIL |
| 267 | TPL ON FILE, NOT CLM-INS ATTACH |
| 268 | ABSENT PARENT POLICY |
| 270 | MEMB INELIG FOR DOS - DENY |
| 271 | MEMBER INELIGIBLE FOR DOS |
| 274 | QMB/SLMB RECIP |
| 277 | COVERED UNITS MUST EQUAL FIRST DOS THRU LAST DOS |
| 278 | COVERED DAYS REQUIRED FOR INPATIENT CLAIMS. |
| 280 | NO ACCOM REVENUE CODE |
| 281 | INVALID ADMIN REFERRAL IND |
| 283 | INVALID ADMIN REFERRAL SOURCE |
| 285 | INV LETTER TYPE |
| 286 | INVALID AUTH STATUS CODE |
| 287 | INVALID AUTH REFERRAL SOURCE |
| 288 | REFERRING PHYSICIAN NOT FOUND |
| 289 | NOT AUTHORIZED FOR EMC BILLING |
| 290 | INVALID OVERRIDE LOC CODE |
| 291 | MEDICAID DENIED CLAIM |
| 292 | COV DAYS LESS THAN UNITS |
| 293 | COV DATES LESS THAN COV DAYS |
| 296 | SURGERY OVERRIDE REQUIRED |
| 297 | INV PRICE FACTOR FOR SVC |
| 298 | INVALID PROC FOR CROSSOVER |
| 299 | SINGE CASE AGREE PRICE |
| 300 | PAY TO PROVIDER NOT ON FILE |
| 301 | INELIGIBLE CATEGORY SERVICE |
| 302 | LICENSE NUMBER NOT ON FILE |
| 304 | NO ANESTHESIA BASE UNITS |
| 305 | "AA" MODIFIER INVALID |
| 306 | PROVIDER IS TREATING ONLY |
| 310 | PAY TO/MEMBR LOB CONFLICT |
| 311 | TX PROV/MEMBR LOB MISMATCH |
| 313 | UNABLE DETERMINE CATAG OF SERV |
| 314 | OUT OF STATE SERVICE |
| 315 | TEST/PROD IND CONFLICT |
| 316 | PROC INVALID IN NURSING HOME |
| 317 | PROV CHARGE RECORD NOF |
| 318 | CALCULATED AMT MINUS TPL = 0 |
| 319 | MAN PRICE GRTR THAN CALCFEE |
| 321 | CLAIM REQUIRES REVIEW |
| 323 | DIAGNOSIS/AGE CONFLICT |
| 324 | DIAGNOSIS/SEX CONFLICT |
| 325 | TRAUMA/ACCIDENT CLAIM |
| 331 | EXCEPTION NOT ACTIVE |
| 334 | PROC MOD REQUIRES MANUAL PRICE |
| 337 | MULTIPLE BENEFIT PLANS |
| 342 | DIAGNOSIS NOT COVERED |
| 343 | DIAGNOSIS REQUIRES  REVIEW |
| 344 | DIAGNOSIS NOT ON FILE |
| 345 | DIAGNOSIS REQUIRES MED REVIEW |
| 346 | DIAGNOSIS NOT SPECIFIC |
| 347 | OUTPAT REV CDE NOT ON PD FILE |
| 351 | ALLOW TO SUB PERCENT DIFF EX |
| 352 | SUB TO ALLOW PERCENT DIFF EX |
| 353 | MISSING PA NUMBER |
| 355 | TOOTH NUMBER INVALID |
| 356 | ALPHA TOOTH NUMBER INVALID |
| 361 | TOOTH NUMBER/LETTER REQUIRED. |
| 362 | T00TH SURFACE/QUADRANT REQUIRE |
| 363 | PROCEDURE/MODIFIER CONFLICT |
| 364 | PROC/PAY-TO PROV TYPE CONFLICT |
| 365 | PROC/PLACE OF SERVICE CONFLICT |
| 366 | PROV SPECIALTY/PROC MISMATCH |

**Mental Hygiene Administration**
**Public Mental Health System**

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| EXPLANATION CODE | DESCRIPTION |
|---|---|
| 367 | PROC/PROV TYPE CONFLICT |
| 369 | SVC UNITS/TOTAL CHARGE ERROR |
| 370 | PROCEDURE REQ REFER |
| 371 | MOD 51 REQRD MANUAL PRICE |
| 378 | TPL ON CLAIM, NOT ON FILE |
| 379 | UNABLE TO PRICE |
| 385 | COPAY,COINS,DED EXCEED ALLOWED |
| 386 | UNITS NOT IN SPECIFIED RANGE |
| 387 | DOS NOT WITHIN COVERED PERIOD |
| 389 | MEMBER ARE PROVIDER SAME |
| 390 | PAY MEMBER NOT PROVIDER |
| 391 | ALLOWED AMT EXCEEDS MAX |
| 392 | PROC CODE IS INACTIVE |
| 393 | PROC/MAX UNITS CONFLICT |
| 394 | PROC/FROM-THRU UNITS CONFLICT |
| 395 | SERVICE DATES INVALID FOR PROC |
| 402 | EOB CLAIM ATTACHMENT. |
| 410 | TREATING PROVIDER IS MISSING |
| 411 | PAY TO PROV IS UNDER REVIEW |
| 412 | TREAING PROVIDER NOT ON FILE |
| 413 | TREATING PROVIDER ON  REVIEW |
| 414 | FACILITY ID REQUIRED |
| 415 | EXCEPTION NOT ACTIVE |
| 416 | NO ENCOUNTER FOUND |
| 417 | DENY SVC-ENCOUNTER PAID |
| 418 | NO CHARGE RECORD ON FILE |
| 421 | TREATING PROV IS A GROUP/HOSP |
| 422 | TREAT PROVIDER INELIG FOR DOS |
| 423 | PROVIDER NOT IN PAYEE'S GROUP |
| 424 | PAY TO PROV INELIG SVC DATES |
| 427 | PAY-TO-PROV IS NOT A GRP CK&DEL TRT PROV ID & PAY |
| 430 | PROC/REVENUE CODE NOT ON FILE |
| 431 | PROCEDURE NOT COVERED |
| 432 | PROCEDURE REQUIRES REVIEW |
| 433 | PROC REQUIRES MEDICAL REVIEW |
| 434 | PROCEDURE/AGE CONFLICT |
| 435 | PROCEDURE/SEX CONFLICT |
| 436 | EXCEPTION NOT ACTIVE |
| 437 | PROC NOT COVERED FOR SVC DATE |
| 438 | PROC REQUIRES MAN REV FOR RPT |
| 439 | PROC NOT ALLOWED FOR SVC DATE |
| 440 | PROC REQ MED REV FOR SERV DATE |
| 441 | CLAIM PRICED OUT OF NETWORK |
| 442 | OUT OF NETWORK COMMERCIAL PROV |
| 443 | PROVIDER IS OUT OF NETWORK |
| 444 | PREMIUM NOT PAID BY EMPLOYER |
| 445 | LT/RT MODIFIER BILLED. |
| 446 | ENCOUNTER RATE N/C FOR DATE |
| 450 | FIRST DIAGNOSIS NOT ON FILE |
| 451 | FIRST DIAGNOSIS NOT COVERED |
| 452 | 1ST DIAG REQUIRES  REVIEW |
| 453 | 1ST DIAG RQUIRES MED REVIEW |
| 454 | FIRST DIAGNOSIS/AGE CONFLICT |
| 455 | FIRST DIAGNOSIS/SEX CONFLICT |
| 456 | FIRST DIAGNOSIS NOT SPECIFIC |
| 457 | N/C ASC SURGERY |
| 458 | MULTIPLE SURGERIES BILLED |
| 459 | POSSIBLE DUP (FQHC/RHC) |
| 460 | SECOND DIAGNOSIS NOT ON FILE |
| 461 | SECOND DIAGNOSIS NOT COVERED |
| 462 | 2ND DIAG REQUIRES REVIEW |
| 463 | 2ND DIAG REQUIRES MED REVIEW |
| 464 | SECOND DIAGNOSIS/AGE CONFLICT |
| 465 | SECOND DIAGNOSIS/SEX CONFLICT |

**Mental Hygiene Administration**
**Public Mental Health System**

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| EXPLANATION CODE | DESCRIPTION |
| --- | --- |
| 466 | SECOND DIAGNOSIS NOT SPECIFIC |
| 467 | ASC HISTORY NEEDS REPRICING |
| 468 | ASC SURGERY NOT ON FEE SCHED |
| 469 | AUTH FOR OUT-OF-NET BENEFIT |
| 470 | THIRD DIAGNOSIS NOT ON FILE |
| 471 | THIRD DIAGNOSIS NOT COVERED |
| 472 | 3RD DIAG REQUIRES REVIEW |
| 473 | 3RD DIAG REQUIRES MED REVIEW |
| 474 | THIRD DIAGNOSIS/AGE CONFLICT |
| 475 | THIRD DIAGNOSIS/SEX CONFLICT |
| 476 | THIRD DIAGNOSIS NOT SPECIFIC |
| 480 | FOURTH DIAGNOSIS NOT ON FILE |
| 481 | FOURTH DIAGNOSIS NOT COVERED |
| 482 | 4TH DIAG REQUIRES REVIEW |
| 483 | 4TH DIAG REQUIRES MED REVIEW |
| 484 | FOURTH DIAGNOSIS/AGE CONFLICT |
| 485 | FOURTH DIAGNOSIS/SEX CONFLICT |
| 486 | FOURTH DIAGNOSIS NOT SPECIFIC |
| 490 | FIFTH DIAGNOSIS NOT ON FILE |
| 491 | FIFTH DIAGNOSIS NOT COVERED |
| 492 | 5TH DIAG REQUIRES REVIEW |
| 493 | 5TH DIAG REQUIRES MED REVIEW |
| 494 | FIFTH DIAGNOSIS/AGE CONFLICT |
| 495 | FIFTH DIAGNOSIS/SEX CONFLICT |
| 496 | FIFTH DIAGNOSIS NOT SPECIFIC |
| 499 | DIAGNOSIS POINTER INVALID |
| 500 | AUTHIZATION NO. NOT ON FILE |
| 512 | CLMS NOT COV BY THIS PAYER |
| 513 | CONSUMER NAME/ID CONFLICT |
| 514 | FIRST DOS AFTER 16TH FOR PROV |
| 515 | LST DOS PRIOR TO 16TH FOR PROV |
| 521 | SYSTEM CONFIGURATION ERROR |
| 522 | NO RATE ON FILE FOR DOS |
| 523 | SYSTEM CONFIGURATION ERROR |
| 524 | NO NETWORK AFFILIATION |
| 525 | POSSIBLE CONFIGURATION ERROR |
| 526 | REGION CODE NOT MATCHED |
| 529 | AUTHORIZATION REQUEST DENIED |
| 530 | MEMBER ID MISMATCH ON AUTH |
| 531 | AUTH PROVIDER MISMATCH |
| 532 | AUTH SERVICE DATE MISMATCH |
| 533 | AUTH MISMATCH BY SVC CODE |
| 535 | MEMBER DOB NOT MATCHED |
| 536 | SEQUENCE NO. DOES NOT EXIST |
| 537 | SUBSCRIBER NOT ON FILE |
| 538 | SUBSC ON FILE; NOT MEMBER |
| 539 | DOB MATCHES MULTIPLE MEMBERS |
| 540 | BENEFIT PLAN MISSING |
| 541 | CONFIGURATION RECORD NOF |
| 542 | GROUP ELIG RECORD NOT FOUND |
| 543 | ZIP CODE NOT IN HIAA TABLE |
| 544 | PROCEDURE OR CHAIN NOT FOUND |
| 545 | PROVIDER DISCIPLINE = "N/A" |
| 546 | NO MAPPING TO PROVIDER DISC |
| 549 | GROUP ON REVIEW |
| 550 | 1ST SURICAL PROC NOT ON FILE |
| 551 | 1ST SURGICAL PROC NOT COVERED |
| 552 | 1ST SURG PROC REQUIRES REVIEW |
| 553 | 1ST SURG PROC REQUIRES MED REV |
| 554 | FIRST SURG PROC/AGE CONFLICT |
| 555 | FIRST SURG PROC/SEX CONFLICT |
| 556 | 1ST SURG PROC REQUIRES P/A |
| 559 | MAXIMUM COVERED DAYS EXCEEDED |
| 560 | 2ND SURGICAL PROC NOT ON FILE |

# Mental Hygiene Administration
## Public Mental Health System

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| EXPLANATION CODE | DESCRIPTION |
| --- | --- |
| 561 | 2ND SURGICAL PROC NOT COVERED |
| 562 | 2ND SURG PROC REQUIRES REVIEW |
| 563 | 2ND SURG PROC REQUIRES MED REV |
| 564 | SECOND SURG PROC/AGE CONFLICT |
| 565 | SECOND SURG PROC/SEX CONFLICT |
| 567 | PROVIDER TYPE IS NOT LTC |
| 570 | 3RD SURGICAL PROC NOT ON FILE |
| 571 | 3RD SURGICAL PROC NOT COVERED |
| 572 | 3RD SURG PROC REQUIRES REVIEW |
| 573 | 3RD SURG PROC REQUIRES MED REV |
| 574 | THIRD SURG PROC/AGE CONFLICT |
| 575 | THIRD SURG PROC/SEX CONFLICT |
| 580 | MANUALLY PRICE PROCEDURE |
| 583 | MULTIPLE ANESTHESIA PROCEDURES |
| 589 | INVALID DATE SVC DOB |
| 590 | AT LEAST ONE LINE ITEM REQ |
| 591 | ADDED SURGICAL PKG LINE |
| 592 | MULTIPLE SURG PKG LINES |
| 593 | EXACT MEDICARE DUPLICATE |
| 594 | POSSIBLE MEDICARE DUPLICATE |
| 595 | CLAIM DOS PRIOR TO 4/01/01 |
| 596 | MBR PAY CLAIM MBR NOT ON FILE |
| 597 | CLAIMANT CASE STAT CLOSED |
| 598 | CLAIMANT CASE STAT DENIED |
| 599 | CLAIMANT CASE STAT RETIRED |
| 604 | NO MATCH PA/CLM LINE PROC CODE |
| 610 | TIN ON CLAIM INVALID FORMAT |
| 611 | TIN IN PROVIDER FILE INVALID |
| 612 | TIN MISMATCH |
| 613 | CLAIM NEARING PROCESSING LIMIT |
| 617 | PRIOR AUTH LINE ITEM IS USED |
| 659 | NON-PAR PROV TIMELY FILING |
| 661 | MEMBER NOT IN AGE SPAN |
| 662 | NOT ACTIVE |
| 663 | DIAGNOSIS NOT PSYCHIATRIC |
| 664 | LOS LESS THAN TWO DAYS |
| 665 | ALLOW CHRG FROM CASE/AGE |
| 667 | TOS IS MISSING OR INVALID |
| 668 | SUSPEND FOR REVIEW OF CODES |
| 669 | OCCURRENCE CODE DATE MISSING |
| 671 | SUBMIT TO PRIMARY INS |
| 688 | NO LTC SPAN FOR THE DOS |
| 700 | CLAIM COVERS MULTIPLE PLANS |
| 701 | PLAN NOT ON FILE |
| 702 | PROCEDURE NOT ON FILE FOR PLAN |
| 703 | COVERAGE EXPIRED |
| 712 | SUSPEND FOR REVIEW |
| 713 | PROCEDURE NOT COVERED FOR PLAN |
| 714 | COINSURANCE HAS BEEN REDUCED |
| 715 | COPAY REQUIRED |
| 716 | MORE THAN ONE BENEFIT YR COV |
| 717 | COINSURANCE MANNUALLY CAL |
| 718 | PSYCH UNITS OVER LIMIT |
| 719 | MEMBER MET/EXCEEDED LIMITS |
| 720 | MANUALLY ENTERED DEDUCTIBLE |
| 721 | MEMBER HAS MET DEDUCTIBLE |
| 722 | MANUALLY ENTERED COPAY |
| 723 | COULD NOT TAKE COPAY |
| 724 | CLAIM IS TOO OLD |
| 725 | CO-PAY MODIFIED |
| 726 | CO-INSURANCE MODIFIED |
| 727 | CO-PAY LIMIT HAS BEEN MET |
| 728 | CO-INSURANCE LIMIT MET |
| 729 | OUT OF POCKET LIMIT MET |

**Mental Hygiene Administration**
**Public Mental Health System**

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| EXPLANATION CODE | DESCRIPTION |
| --- | --- |
| 730 | NO COPAY FOR CONSUMER < 21 |
| 731 | AUTHORIZED UNITS ALREADY USED |
| 732 | LINE ITEM EXCEEDS LIMIT |
| 733 | CLAIM LINE EXCEEDS AUTH LIMIT |
| 734 | NOT COVERED FOR BENEFIT PLAN |
| 735 | DETOX UNITS OVER LIMIT |
| 736 | UNITS OVER LIFE LIMIT |
| 737 | UNITS EXCEED LIFE LIMIT |
| 738 | SERVICES WILL EXCEED LIMIT |
| 739 | BHO NOT RESP FOR PCP SERV |
| 746 | ANNUAL UNIT LIMIT MET |
| 747 | LIFETIME LIMIT FOR UNITS MET |
| 748 | ANNUAL DOLLAR LIMIT MET |
| 749 | LIFETIME DOLLAR LIMIT MET |
| 750 | PROVIDER NOT CAPITATED PCP |
| 751 | NOT CAPITATED SPECIALIST |
| 752 | NO MED PCP MEMBER RECORD |
| 753 | CAPITATED SVC RECORD NOT FOUND |
| 754 | PAYER ID NOT MEDICAID |
| 755 | LIFETIME DOLLAR LIMIT MET |
| 756 | ANNUAL UNIT LIMIT EXCEEDED |
| 757 | LIFETIME UNIT LIMIT EXCEEDED |
| 758 | ANNUAL DOLLAR LIMIT EXCEEDED |
| 759 | LIFETIME DOLLAR LIMIT EXCEEDED |
| 760 | TEST - DIAGNOSIS NOT COV |
| 796 | ONE SUBSCRIBER TWO BPIDS |
| 797 | ONE ADJUSTMENT TWO BPIDS |
| 800 | TPL ADJUSTMENT IN PROGRESS |
| 804 | PROV TYPE NOT ON TPL MATRIX |
| 805 | UNSUPPORTED PENALTY TYPE |
| 806 | UNSUPPORTED OUT OF POCKET TYPE |
| 807 | UNSUPPORTED CO-INSURANCE TYPE |
| 808 | UNSUPPORTED C0-PAY TYPE |
| 809 | UNSUPPORTED LIMIT TYPE |
| 810 | UNSUPPORTED DEDUCTIBLE TYPE |
| 811 | UNSUPPORTED CO-INS LIMIT |
| 812 | UNSUPPORTED CO-PAY LIMIT |
| 813 | PRE-CERT PENALTY |
| 820 | SPECIAL BATCH CLAIM |
| 821 | NO MSA DATA |
| 822 | NO STATE FINANCIAL RECORD |
| 823 | DRG SEX CONFLICT |
| 824 | DRG AGE CONFLICT |
| 825 | DRG QUESTIONABLE ADMISSION |
| 826 | DRG MANIFESTATION AS PDX |
| 827 | DRG E-CODE AS PDX |
| 828 | DRG UNACCEPTABLE PDX |
| 829 | SDX IS DUPLICATE OF PDX |
| 830 | SECONDARY DIAGNOSIS REQUIRED |
| 831 | DRG INVALID AGE |
| 832 | DRG INVALID SEX |
| 833 | DRG INVALID DISCHARGE STATUS |
| 834 | DRG ILLOGICAL PDX |
| 835 | DRG INVALID PDX |
| 836 | DRG PRICE REQUIRED |
| 837 | INVALID DRG CODE |
| 838 | UNABLE TO ASSIGN DRG-CHECK THE DX CODE FROM IMAGE |
| 840 | ADJUSTMENT/CREDIT IN PROCESS |
| 841 | ADJUSTMENT/CREDIT BEING KEYED |
| 842 | NO MATCH ON SUBSCRIBER ID |
| 843 | NO MATCH ON PROVIDER NUMBER |
| 844 | ADJUSTMENT HISTORY SUSPENDED |
| 845 | CLAIM ALREADY CREDIT/ADJUST |
| 846 | ADJUST EXCEEDS 60 DAY LIMIT |

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| EXPLANATION CODE | DESCRIPTION |
|---|---|
| 847 | NO MATCH SUBSCRIBER SEQUENCE |
| 850 | CLAIM ADJUST NOT ON HISTORY |
| 851 | COPAY ERROR |
| 853 | CANNOT ADJUST A GROSS ADJUST |
| 854 | RECORD CREATE MASS ADJUST/CRED |
| 855 | CANNOT AUTO DENY ADJUSTMENT |
| 856 | CANNOT ADJUST A CREDIT |
| 857 | INVALID ADJUSTMENT REASON |
| 858 | CANNOT OVERRIDE EXCEPTION |
| 859 | MISSING DENY EOB |
| 894 | THIS IS A TEST CLAIM |
| 895 | AMOUNT IS TOO MANY DIGITS |
| 896 | CLAIM REC REL HIST MAX EXCEED |
| 897 | MEMB REL HIST TAB MAX EXCEED |
| 898 | CLAIM TABLE OVERFLOW |
| 899 | MORE THAN 99 EXCEPTIONS |
| 962 | SERV PROV INFO NOT ON CLAIM |
| 965 | TAX ID NOT ON CLAIM |
| 966 | RESUBMIT BEYOND FILING LIMIT |
| 968 | PRIMARY EOB BEYOND FILING LMT |
| 997 | MHP CONVERTED CLAIM |
| 999 | EXCEPTION NOT ACTIVE |